

Article - Education

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§7–446.2.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Behavioral health services” has the meaning stated in § 7–446.1 of this subtitle.
- (3) “Commission” means the Maryland Community Health Resources Commission.
- (4) “Consortium” means the Maryland Consortium on Coordinated Community Supports established under subsection (b) of this section.
- (5) “Coordinated community supports” means a holistic, nonstigmatized, and coordinated approach, including among the following persons, to meeting students’ behavioral health needs, addressing related challenges, and providing community services and supports to the students:
- (i) Teachers, school leadership, and student instructional support personnel;
 - (ii) Local school systems;
 - (iii) Local community schools;
 - (iv) Behavioral health coordinators appointed under § 7–446.1 of this subtitle;
 - (v) Local health departments;
 - (vi) Nonprofit hospitals;
 - (vii) Other youth–serving governmental entities;
 - (viii) Other local youth–serving community entities;
 - (ix) Community behavioral health providers;
 - (x) Telemedicine providers;

- (xi) Federally qualified health centers; and
- (xii) Students, parents, and guardians.

(6) “Coordinated community supports partnership” means an entity formed to deliver coordinated community supports.

(7) “National Center for School Mental Health” means the National Center for School Mental Health at the University of Maryland, Baltimore Campus.

(b) (1) There is a Maryland Consortium on Coordinated Community Supports in the Commission.

(2) The Commission shall provide staff to the Consortium.

(3) Two additional staff shall be added to the Commission to staff the Consortium.

(c) The purposes of the Consortium are to:

(1) Support the development of coordinated community supports partnerships to meet student behavioral health needs and other related challenges in a holistic, nonstigmatized, and coordinated manner;

(2) Provide expertise for the development of best practices in the delivery of student behavioral health services, supports, and wraparound services; and

(3) Provide technical assistance to local school systems to support positive classroom environments and the closing of achievement gaps so that all students can succeed.

(d) The Consortium consists of the following members:

(1) The Secretary of Health, or the Secretary’s designee;

(2) The Secretary of Human Services, or the Secretary’s designee;

(3) The Secretary of Juvenile Services, or the Secretary’s designee;

(4) The State Superintendent of Schools, or the State Superintendent’s designee;

(5) The Chair of the Commission, or the Chair’s designee;

(6) The Director of Community Schools in the State Department of Education, or the Director's designee;

(7) One member of the Maryland Council on Advancement of School-Based Health Centers, appointed by the Chair of the Council;

(8) One county superintendent of schools, designated by the Public School Superintendents Association of Maryland;

(9) One member of a county board of education, designated by the Maryland Association of Boards of Education;

(10) One teacher who is teaching in the State, designated by the Maryland State Education Association;

(11) One social worker practicing at a school in the State, designated by the Maryland Chapter of the National Association of Social Workers;

(12) One psychologist practicing in a school in the State, designated by the Maryland School Psychologists Association;

(13) One representative of nonprofit hospitals, designated by the Maryland Hospital Association;

(14) The following members appointed by the Governor:

(i) One representative of the community behavioral health community with expertise in telehealth;

(ii) One representative of local departments of social services;
and

(iii) One representative of local departments of health; and

(15) The following members appointed jointly by the President of the Senate and the Speaker of the House:

(i) One individual with expertise in creating a positive classroom environment;

(ii) One individual with expertise in equity in education; and

(iii) Two members of the public, appointed by the President of the Senate.

(e) (1) The members of the Consortium shall select a chair from among the members.

(2) (i) The National Center for School Mental Health shall provide technical assistance.

(ii) The assistance provided under subparagraph (i) of this paragraph may include the creation of partnership coordinators to support the work of local behavioral health services coordinators appointed under § 7–446.1 of this subtitle.

(f) A member of the Consortium:

(1) May not receive compensation as a member of the Consortium;
but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(g) The Consortium may use subcommittees, including subcommittees that include nonmember experts, as necessary, to meet the requirements of this section.

(h) The Consortium shall:

(1) Develop a statewide framework for the creation of coordinated community supports partnerships;

(2) Ensure that community supports partnerships are structured in a manner that provides community services and supports in a holistic and nonstigmatized manner that meets behavioral health and other wraparound needs of students and is coordinated with any other youth-serving government agencies interacting with the students;

(3) Develop a model for expanding available behavioral health services and supports to all students in each local school system through:

(i) The maximization of public funding through the Maryland Medical Assistance Program, including billing for Program administrative costs, or other public sources;

(ii) Commercial insurance participation;

(iii) The implementation of a sliding scale for services based on family income; and

(iv) The participation of nonprofit hospitals through community benefit requirements;

(4) Develop and implement a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver services and supports to meet the holistic behavioral health needs and other related challenges facing the students proposed to be served by the coordinated community supports partnership and that sets reasonable administrative costs for the coordinated community supports partnership;

(5) Evaluate how a reimbursement system could be developed through the Maryland Department of Health or a private contractor to reimburse providers participating in a coordinated community supports partnership and providing services and supports to students who are uninsured and for the difference in commercial insurance payments and Maryland Medical Assistance Program fee-for-service payments;

(6) In consultation with the Department, develop best practices for the implementation of and related to the creation of a positive classroom environment for all students using evidence-based methods that recognize the disproportionality of classroom management referrals, including by:

(i) Creating a list of programs and classroom management practices that are evidence-based best practices to address student behavioral health issues in a classroom environment;

(ii) Evaluating relevant regulations and making recommendations for any necessary clarifications, as well as developing a plan to provide technical assistance in the implementation of the regulations by local school systems to create a positive classroom environment; and

(iii) Developing a mechanism to ensure that all local school systems implement relevant regulations in a consistent manner; and

(7) Develop a geographically diverse plan that uses both school-based behavioral health services and coordinated community supports partnerships to ensure that each student in each local school system has access to services and supports that meet the student's behavioral health needs and related challenges within a 1-hour drive of a student's residence.

(i) A coordinated community supports partnership shall provide systemic services to students in a manner that is:

(1) Community-based;

(2) Family-driven and youth-guided; and

(3) Culturally competent and that provides access to high-quality, acceptable services for culturally diverse populations.

(j) (1) The Consortium, in consultation with the National Center on School Mental Health, shall develop accountability metrics that may be used to demonstrate whether the services and supports provided through a coordinated community supports partnership that receives a grant from the Consortium are positively impacting the students served by the coordinated community supports partnership, their families, and the community, including metrics that would measure:

(i) Whether there have been any:

1. Increase in services provided;

2. Reductions in absenteeism;

3. Repeat referrals to the coordinated community supports partnership;

4. Reduction in interactions of the students with youth-serving agencies; and

5. Increase in funding through federal, local, and private sources; and

(ii) Any other identifiable data sets that would demonstrate whether a coordinated community supports partnership is successfully meeting the behavioral health needs of students.

(2) The development of the metrics under paragraph (1) of this subsection shall be coordinated with the Maryland Longitudinal Data System Center and the Accountability and Implementation Board, established under § 5-402 of this article, to ensure consistency with other data collection efforts.

(k) Beginning in fiscal year 2025 and each fiscal year thereafter, the Consortium shall use the accountability metrics developed under subsection (j) of this

section to develop best practices to be used by a coordinated community supports partnership in the delivery of supports and services and the maximization of federal, local, and private funding.

(l) Notwithstanding any other provision of law, a nonprofit hospital that receives funding for coordinating or participating in a coordinated community supports partnership may include the value of services provided through the coordinated community supports partnership towards meeting community benefit requirements under § 19–303 of the Health – General Article.

(m) (1) In this subsection, “Fund” means the Coordinated Community Supports Partnership Fund.

(2) There is a Coordinated Community Supports Partnership Fund.

(3) The purpose of the Fund is to support the delivery of services and supports provided to students to meet their holistic behavioral health needs and address other related challenges.

(4) The Department shall administer the Fund.

(5) (i) The Fund is a special, nonlapsing fund that is not subject to § 7–302 of the State Finance and Procurement Article.

(ii) The State Treasurer shall hold the Fund separately, and the Comptroller shall account for the Fund.

(6) The Fund consists of:

(i) Money appropriated in the State budget to the Fund;

(ii) Interest earnings; and

(iii) Any other money from any other source accepted for the benefit of the Fund.

(7) The Fund may be used only by the Consortium for:

(i) Providing reimbursement, under a memorandum of understanding, to the National Center for School Mental Health and other technical assistance providers to support the work of the Consortium;

(ii) Providing grants to coordinated community supports partnerships to deliver services and supports to meet students' holistic behavioral health needs and to address other related challenges; and

(iii) Paying any associated administrative costs.

(8) The Governor shall include in the annual budget bill the following appropriations for the Fund:

(i) \$25,000,000 in fiscal year 2022;

(ii) \$50,000,000 in fiscal year 2023;

(iii) \$75,000,000 in fiscal year 2024;

(iv) \$100,000,000 in fiscal year 2025; and

(v) \$125,000,000 in fiscal year 2026 and each fiscal year thereafter.

(9) (i) The State Treasurer shall invest the money of the Fund in the same manner as other State money may be invested.

(ii) Any interest earnings of the Fund shall be credited to the Fund.

(10) Expenditures from the Fund may be made only in accordance with the State budget.

(n) Any grant funding or local school system implementation assistance provided under this section through the Consortium and coordinated community supports partnerships shall be supplemental to, and may not supplant, existing funding provided as of fiscal year 2022 to local school systems through local government expenditures or local school system expenditures, or other funding sources, for school-based behavioral health personnel, services, supports, or other school-based behavioral health purposes.

(o) Beginning on July 1, 2022, and each July 1 thereafter, the Consortium shall submit to the Accountability and Implementation Board, the Governor, and, in accordance with § 2-1257 of the State Government Article, the General Assembly, a report on:

(1) The activities of the Consortium;

(2) The creation of coordinated community supports partnerships and the area served by each partnership;

(3) Grants awarded to coordinated community supports partnerships; and

(4) All other activities of the Consortium to carry out the requirements of this section.

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